BEST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			12				ببيعسو	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	· 7 1 0.00	
TOTAL CHARGEABLE CLAIMS			13 minus 20=		. 4			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		* 4			X40=		1	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				-	A40=		OR			
* K. H Liff and a sign of the land bland bland bland and a sign of the sign							Ľ	-135≒		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							Т	OTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							S	SMALL ENTITY			OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	,	K\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=	 -	OR	X80=		
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM			405		1	.070		
•							L	-135= TOTAL		OR	+270= TOTAL		
								ADDIT. FEE OR ADDIT. FEE					
AMENDMENT B	Page Age of the	(Column 1) CLAIMS			mn 2) HEST	(Column 3)		 	ADDI-	1		ADDI-	
		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		= .	;	K\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEF			ENDEN	I CLAIM		╵┞	·135=		OR	+270=	· · · · · · · · · · · · · · · · · · ·	
							L	TOTAL		OR	TOTAL		
		(0 - (4)		/O.a.lv		. (Calumn 2)	ADI	DIT. FEE	<u></u>	On	ADDIT. FEE		
_		(Column 1) CLAIMS	4.5	HIG	mn 2) HEST	(Column 3)	1 —		ADDI-	1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=] ;	K\$ 9=		OR	X\$18=		
	Independent	<u> </u> *	Minus	***		<u> </u> =		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	.070		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270= TOTAL	<u> </u>	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												L	
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Independ	dent) is th	e highest numbe	er found	in the ap	propriate bo	x in co	iumn 1.		